

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43381**

FILED JAN 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>196</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> 1080			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>✓</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bacon Township</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Earl Lile Square</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>		b. (Middle) <u>Wesley</u>		c. (Last) <u>Miller</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 17, 1898</u>	
9. AGE (In years last birthday) <u>62 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Bellevue, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John H. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Cummings</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>524-10-7629</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Miller</u> ADDRESS <u>Harwood</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>42-1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar. 24</u> , 19 <u>50</u> , to <u>Dec. 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 27</u> , 19 <u>50</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. L. May MD.</u>				23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		23c. DATE SIGNED <u>12/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 30, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 30/50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son, Schell City, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 151-6-9

Date Filed 1-8-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Marion M. Lewis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Schell City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.